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FROM:

Name Peter F. Snell
Date August 27, 2008
of Pages 3

Client Name	Client No.	Matter No.	Atty No.
Arkados, Inc.	34585	503-059	3242

To:

Name	Company	Business#	Fax #
Brent Swarthout / Examiner	U.S.P.T.O.	571-272-1000	571-273-8300

Comments:

We respectfully submit Form PTO/SB/83 for the following:

APPLICANT(S) : Oleg Logvinov, et al.	CONFIRMATION 7166
	NO.:
SERIAL 10/645,237 (USP 7,106,177)	EXAMINER : Brent Swarthout
NUMBER :	
FILING DATE : August 21, 2003	ART UNIT : 2636
FOR : METHOD AND SYSTEM FOR MODIFYING MODULATION OF POWER LINE COMMUNICATIONS SIGNALS FOR MAXIMIZING DATA THROUGHPUT RATE	

Please call us at 212-935-3000 if you experience any problems.

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Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

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PAGE 1/3 * RCVD AT 8/27/2008 5:50:22 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/35 * DNIS:2738300 * CSID:2129833115 * DURATION (mm:ss):00:46

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Document Description: Petition to withdraw attorney or agent (SR83)

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PTO/SB/83 (04-08)

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application Number	10/645,237 (USP 7,106,177)
Filing Date	August 21, 2003
First Named Inventor	Oleg Logvinov
Art Unit	2636
Examiner Name	Brent Swarthout
Attorney Docket Number	34565-503-059

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;
 the practitioners (with registration numbers) of record listed on the attached paper(s); or
 the practitioners of record associated with Customer Number: 35437

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input checked="" type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The client has instructed Mintz Levin to retain the file until after the Patent Office approves this Request for Withdrawal.

(Page 1 of 2)

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

B. Inventor or
Assignee name: Arkados, Inc. (assignee)

Address 220 Old New Brunswick Road, Suite 202

City Piscataway	State NJ	Zip 08854	Country USA
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Telephone	(732) 465-9300	Email jallen@arkados.com
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	
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Name	Peter F. Shell	Registration No. 52,235
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Address 666 Third Avenue c/o Mintz Levin, et al., 24th Floor

City New York	State NY	Zip 10037	Country USA
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Date	8/27/08	Telephone No. 212-935-3000
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NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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